Patient-Centeredness and Cultural Competence:
Their Relationship and Role in Reducing Health Disparities

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Purpose of Talk

- To present and compare conceptual models for both patient centeredness and cultural competence
- To discuss their implications for improving health care quality at the interpersonal and health system levels
- To provide an overview of patient-centered care as it relates to health disparities

Patient Centeredness

Early Conceptions of Patient-Centeredness

- Originally coined to express the belief that each patient *"has to be understood as a unique human being."* (Balint, 1969)
- Lipkin et al. (1984): "patient-centered interview"
  - approaches the patient as a unique human being with his own story to tell
  - promotes trust and confidence
  - clarifies and characterizes the patient's symptoms and concerns
  - understands biological and psychosocial dimensions of illness
  - creates the basis for an ongoing relationship

Evolution of Patient-Centeredness

- Stewart et al. (1986) “patient-centered clinical method”:
  Six dimensions of patient-centered care:
  1) exploring the illness experience
  2) understanding the whole person
  3) enhancing the doctor-patient relationship
  4) finding common ground regarding management
  5) incorporating prevention and health promotion
  6) being realistic about personal limitations
- McWhinney et al. (1989): “*the physician tries to enter the patient’s world, to see the illness through the patient’s eyes.*”

“Through the patients eyes:” from individual interactions to systems

Original model of interaction and communication between patients and physicians

May include other modes of communication:

- communication with receptionists
- written communication (education materials, signage
- phone calls, e-mails
- need to meet patients’ needs, level of understanding, etc.

Focus on other aspects of care:

- convenient office hours
- ability to make appointments
- being seen on time
- having services available nearby

Patient-Centered Care is NOT…

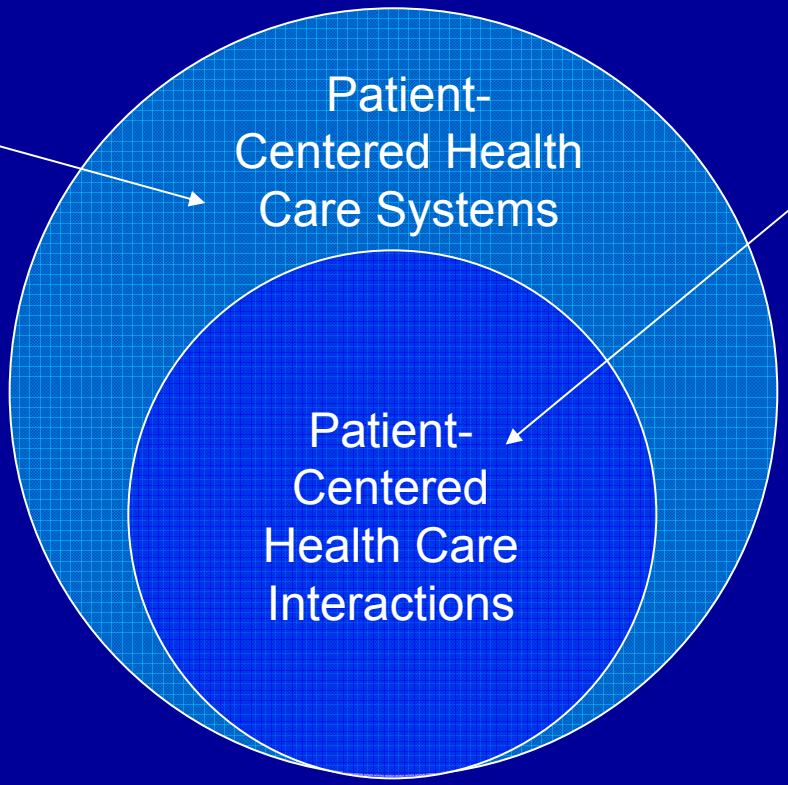
- Disease-centered
- Doctor-centered
- Paternalistic

Key Features of Patient-Centeredness

Within Health Care Organizations

Services aligned to meet patient needs/ preferences:

- Coordinated/ integrated/ continuous
- Convenient/ easily accessible
- Attendant to health promotion/physical comfort



Within Interpersonal Interactions

Provider understands each patient as a unique human being:

- Uses biopsychosocial model
- Views patient as person
- Shares power and responsibility
- Builds effective relationship
- Is aware of the ‘doctor as person’

Cultural Competence

Early Conceptions of Cultural Competence

- Early programs: cross-cultural medicine, cultural sensitivity, transcultural nursing, and multicultural counseling
- Focused on those "whose health beliefs may be at variance with biomedical models"
  - e.g. groups with limited English proficiency, non-Western cultures, etc.
- Original approaches called for awareness and respect for different traditions, but recognized
  - detailed knowledge about all cultures was impractical
  - viewing patients as members of ethnic/cultural groups might lead to stereotyping

THE SPIRIT CATCHES YOU AND YOU FALL DOWN

A HMONG CHILD,
HER AMERICAN DOCTORS,
AND THE COLLISION OF
TWO CULTURES

Evolution of Cultural Competence

Therefore, early models recognized the need for "generic" attitudes not specific to particular culture:

1) respecting the legitimacy of patients' health beliefs
2) shifting from a paradigm of viewing patients' complaints as stemming from a disease to that of an illness occurring within a biopsychosocial context
3) eliciting patients' explanatory model of illness
4) explaining the clinician's explanatory model of illness in language accessible to patients
5) negotiating an understanding within which a safe, effective, and mutually agreeable treatment plan could be implemented

Berlin & Fowkes (1983); Kleinman et al. (1978); Leininger (1978)

Expansion to Consider Racial/Ethnic Disparities

- National events brought racial/ethnic disparities to forefront
  - 1985: Department of Health and Human Services Secretary's Report on Black and Minority Health
  - Surgeon General David Satcher included elimination of racial disparities in health as one of the primary objectives of the Healthy People 2010 initiative
  - National Center for Minority Health and Health Disparities founded
  - IOM report "Unequal Treatment"
- Original principles of cultural competence recognized as necessary but not sufficient to address disparities

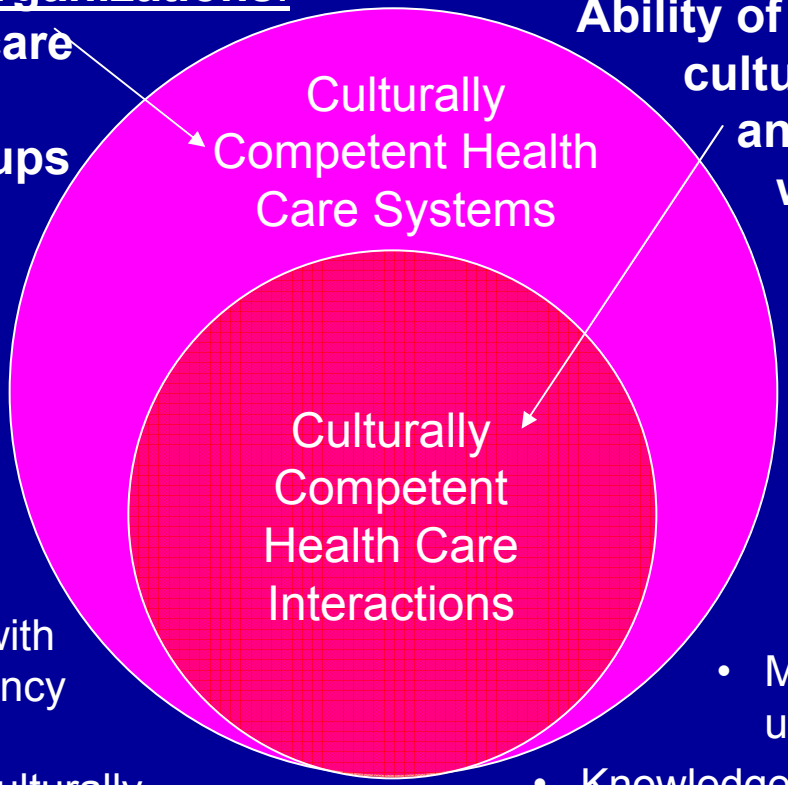
Expansion of Cultural Competence

	Early models (cross-cultural)	**Newer models** (Cultural Competence)
Populations	Immigrants, refugees	All people of color (those affected by racial disparities)
Concepts	Culture, Language	Culture, Language, Prejudice, Stereotyping, Social Determinants of Health
Scope	Interpersonal interactions	Health Care Systems, Communities

Key Features of Cultural Competence

<u>Within Health Care Organizations</u>:
Ability of the health care organization to meet needs of diverse groups of patients:

- Diverse workforce reflecting patient population
- Health care facilities convenient to
- community
- Language assistance available for patients with limited English proficiency
- Ongoing staff training regarding delivery of culturally and linguistically appropriate services

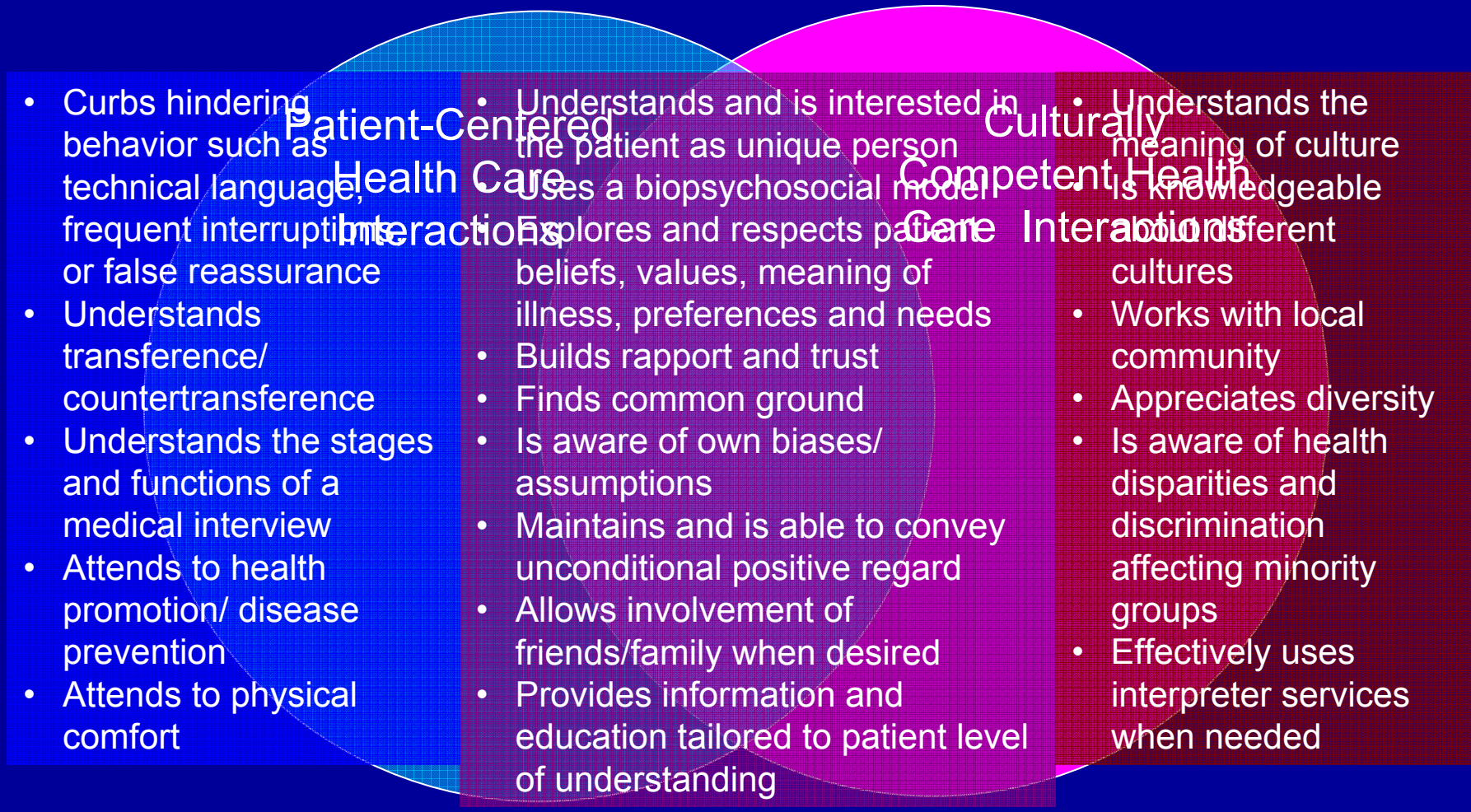


<u>Within Interpersonal Interactions</u>:
Ability of a provider to bridge cultural differences to build an effective relationship with a patient:

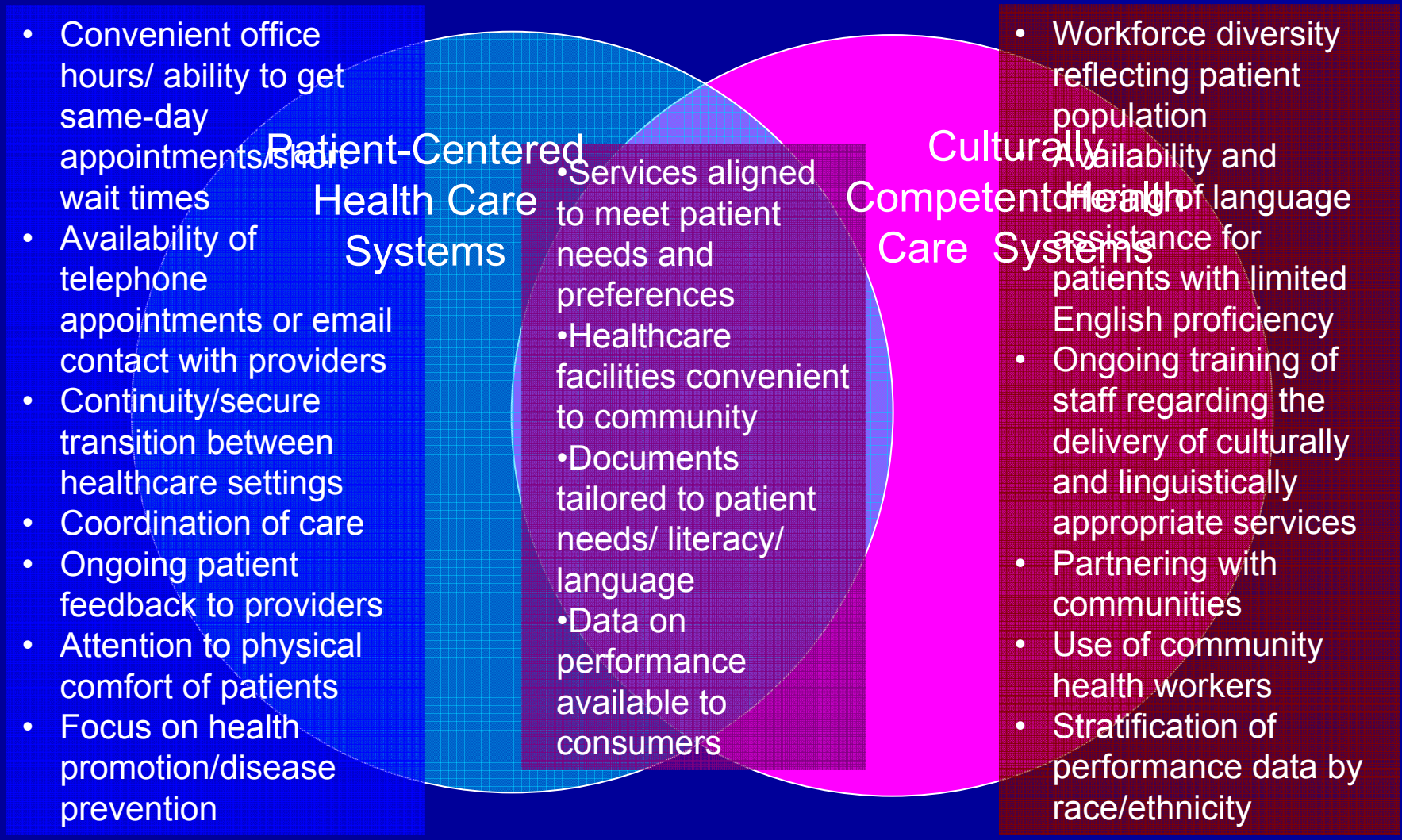
- Explores and respects patient beliefs, values, meaning of illness, preferences and needs
- Builds rapport and trust
- Finds common ground
- Is aware of own biases/ assumptions
- Maintains and conveys unconditional positive regard
- Knowledgeable about different cultures
- Aware of health disparities and discrimination affecting minority groups
- Effectively uses interpreter services when needed

Overlap between Patient Centeredness and Cultural Competence

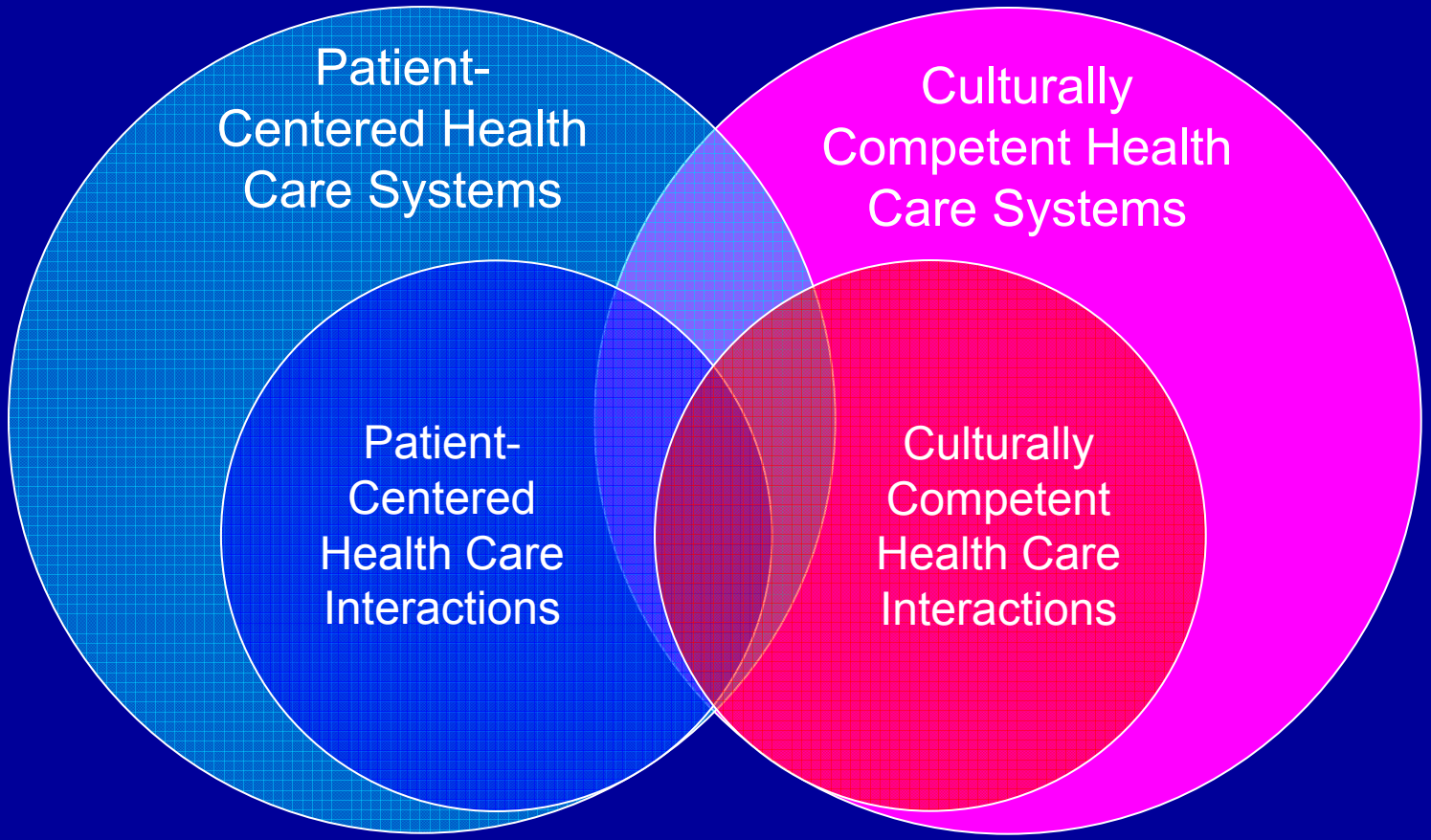
Overlap between Patient-Centered Care and Cultural Competence at the Interpersonal Level



Overlap between Patient-Centered Care and Cultural Competence at the Health Care System Level



Patient centeredness and cultural competence integral to healthcare quality



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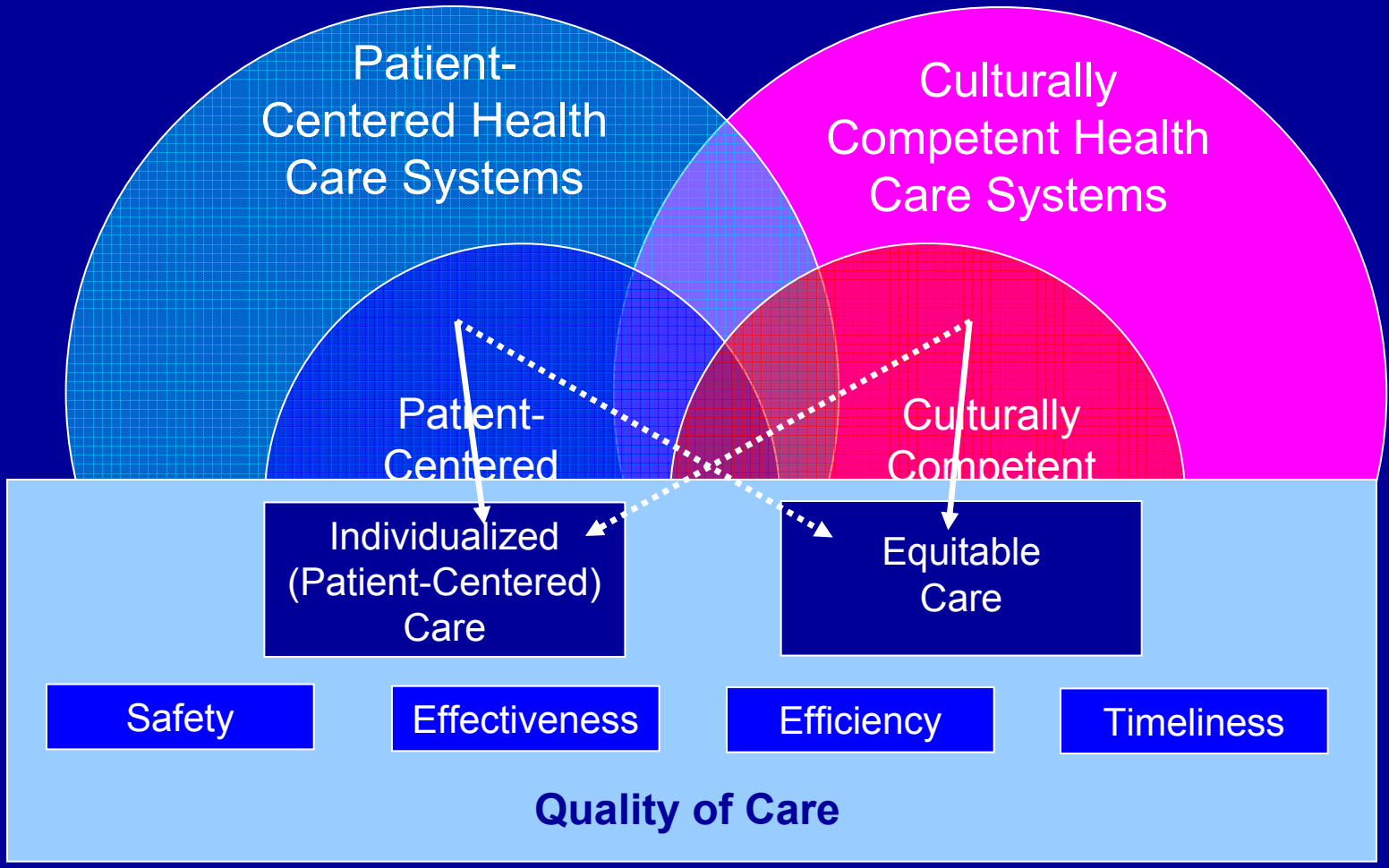

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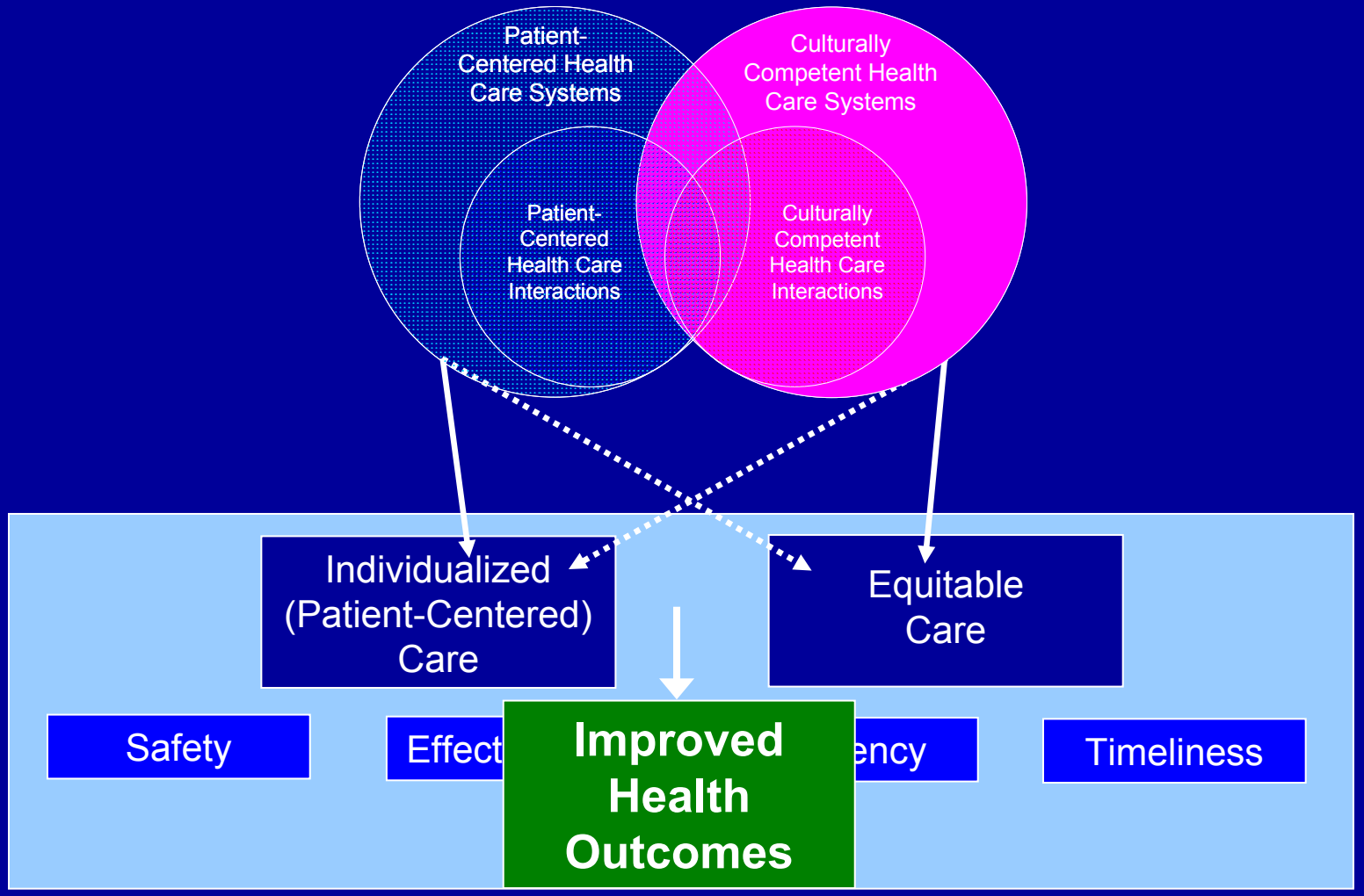
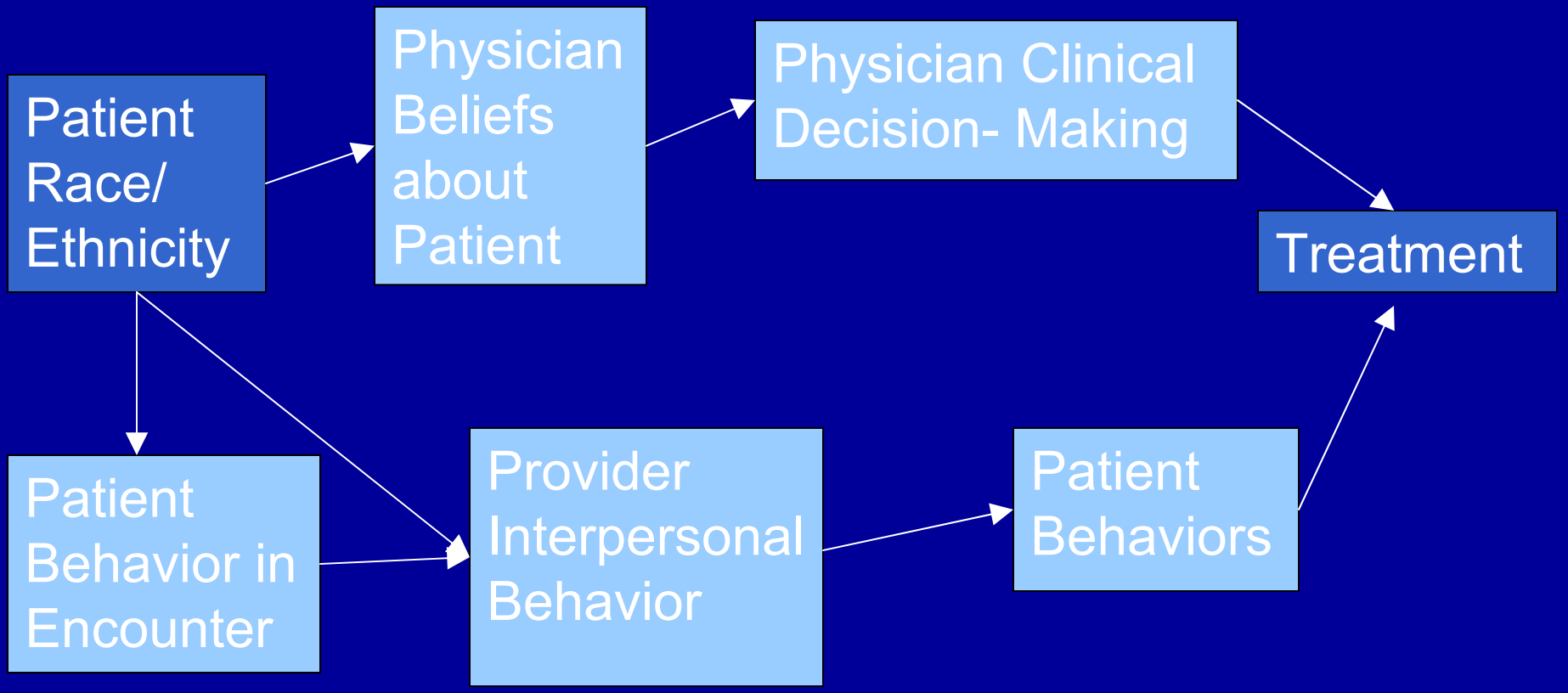


Why might patient-centered care reduce health disparities?

Hypothesized mechanisms by which patient race/ethnicity affects disparities in treatments



van Ryn M. Research on the provider contribution to race/ethnicity disparities in medical care. Med Care 2002; 40(1 Suppl):I140-I151.

Main Points

- Patient centeredness and cultural competence
  - are different movements with different goals
  - began as modes of interpersonal interactions and have developed into more complete modes of health care delivery
  - have potential to improve health care quality
  - have many overlapping features
  - should remain distinct movements which work together to improve quality

Recommendations for Future

1) Health care organizations should
   a) employ principles of patient centeredness and cultural competence to ensure that care is individualized and equitable
   b) measure and track patient centeredness and cultural competence as part of delivering high-quality care.

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3) Educators should develop multidisciplinary programs to improve patient centeredness and cultural competence of health professionals.
4) Patients should provide feedback to health care systems (e.g. participate in surveys and focus groups) to ensure that organizations attend to patients' diverse needs and preferences.